superficial operations, which constitute the immense majority, cold is superior to chloroform in the circumstances of safety, ease of application, or the saving of time and trouble, certainly of producing anæsthesia, and, lastly, in the power it possesses of preventing subsequent inflammation. Surely, a conscientious and humane surgeon will not allow the prejudice against novelty or innovation to outweigh so decided a superiority. Anæsthesia will, no doubt, henceforth be a required element of every surgical operation; but chloroform, fortunately, is not the only mode of producing it.—*Med. Times and Gaz.* Aug. 5, 1854.

10. *Charcoal Coverlet for the Prevention of Smell from Gangrenous Sores.*—In some cases of hospital phagedæna recently under his care, in St. Bartholemew's Hospital, Mr. Wormald made an ingenious and very useful application of the disinfecting powers of charcoal. It is well known that dry charcoal will effectually absorb any noxious or offensive gas which can be made to pass through it. On this power, Dr. Stenhouse's disinfecting respirators depend for their efficiency. The difficulty in applying it in hospital practice has, however, arisen from the difficulty of keeping it at the same time dry and in a uniform layer around the part giving rise to effluvia. Dr. Wormald's plan consists in sprinkling freely between two sheets of cotton wool a tolerably thick layer of powdered charcoal, and then "quilting" them together in small segments, so that the powder is retained securely in its place. The pads thus prepared may be of any size, according as required to wrap round the end of a stump, or to cover a superficial ulcer. The sloughing sore having been dressed in the ordinary manner, and a little lint or wool so placed as to absorb any discharge which may flow, over all is laid the charcoal quilt, which is then lightly confined by a bandage. It forms, in addition to its disinfectant properties, a very soft and comfortable envelop, more especially if the sore be in such a part that the patient is obliged to lie on it.—*Med. Times and Gaz.* July 1, 1854.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

11. *Treatment of Fever by large Doses of Quinia.*—Dr. F. Corbyn states that from his long experience of the treatment of fever by large doses of quinia, when this disease broke out with such violence in its typhoid form at Anarkallie and the Citadel, he urged on the attention of medical men, when he went through their hospitals in August, the immediate necessity of prescribing quinia in large doses, as twenty grains, for instance, in each. Their apprehension was that the expenditure by such a practice would be so great that they could never obtain an adequate supply; but he soon allayed their fears, by demonstrating the fact that the expenditure would be 50 per cent. less than in the ordinary practice of administering frequent and, after all, useless small doses of that invaluable medicine. One or two doses, he asserts, when large, will eradicate the fever at once, if combined with good effective purgatives. He found that in H. M.'s 90th, small doses were being prescribed; but that in the Horse Artillery, on the contrary, the very opposite treatment was pursued.

Dr. Mackinnon thus remarks on the success of this method; his success was wonderful:—

"The cases of intermittent fever were so numerous, that I had full opportunity of trying every mode of administering quinia, and I have come to the conclusion that the most effective and the most economical mode of administering it, is to give it in a single large dose, at or towards the termination of the sweating stage. It is now my practice to give ʒss at that period, and I have never seen it fail to put a stop to the disease at once. I have given the same quantity six or eight hours before the accession of the paroxysm; but I found its effect uncertain; it often checked the paroxysm, but it sometimes failed to do so; in the latter case, however, though one paroxysm succeeded the dose, I never saw a second follow. It was this circumstance which led me to conceive that the period of six or eight hours was too short for the full development of the antiperiodic effects of the medicine, and I was thus induced to prescribe it at the termination of the sweating stage. I have found it equally effective in tertian as in quotidian intermittents.

"Lesser doses of from twenty to twenty-five grains, I have found so often to fail, that I adhere now, in every instance, to the large dose.

"I have not found it to produce vertigo, tinnitus, or other cerebral disturbance in a greater degree than small doses frequently repeated do; in fact, as the period of administration of the medicine usually occurs late in the evening, the patient gets his dose at bedtime, falls asleep, and if any sensations of vertigo, or tinnitus, or of other cerebral disturbance, are experienced in the morning, they are usually slight. I prescribe the medicine without much reference to the state of the bowels; if they are confined, a purgative is either given along with the dose, or deferred till the succeeding morning, as the case may seem to require. If they are easy, I often give no medicine but the quinia.

"The great recommendations of this mode of administering quinia in hospital practice are: 1. That it economizes the expenditure of the drug: in the usual plan of giving quinia in repeated doses, from forty to fifty grains and upwards are often consumed in the treatment of a single case; rarely, in the intermittents of hot climates, so little as thirty grains. 2. That the soldier returns to his ranks more rapidly. If the case is recent, and uncomplicated with local derangement, the patient is sometimes discharged on the second day after admission, but usually on the third day, an earlier period than was attainable on the old plan of treatment. Occasionally, admission into the hospital is not desired; but the patient comes in the evening, swallows his dose of quinia, and returns to the ranks. 3. That it makes fewer demands on the attention of the hospital subordinates, and diminishes greatly the amount of their labour, instead of having repeated doses at specific hours to administer, a matter, in an hospital full of cases of ague, involving no small labour, and requiring considerable attention as to time. There is only one dose to be given.

"In remittent fever, I have also, during the remission, prescribed a single large dose of quinia with the best effects; but the cases in which I have so prescribed it have been too few to admit of my giving an unqualified opinion as to the superiority of this over the common mode of administering the remedy."

Dr. Mackinnon did not conceal his treatment under a bushel, but communicated his success to his assistant, Dr. Mactier, in medical charge of the 3d troop of his brigade, which was then stationed at Loodianah, and where fever was prevailing to a fearful extent. Dr. Mactier thus describes the disease, and his success also:—

"The only disease which has prevailed to any remarkable extent in the troop, during the past year, has been intermittent fever; but from this they suffered so much as to attract the notice of government, and cause their removal from Loodianah to Jullundur. Occasional cases of fever occurred during the early part of the year; but it was not until August that the number became in any degree remarkable. From this time, however, they rapidly increased, till about the 20th of October, when the disease reached its maximum. On one occasion, twelve cases out of one hundred men were admitted into hospital in one day. and it was no unusual thing to have forty sick under treatment, besides ten to twenty convalescent; with only two exceptions, every individual in the troop, including women and children, has suffered from one or more attacks of fever. It is a subject of congratulation, that out of 356 cases of fever, treated during the season, only one proved fatal. The symptoms of the disease were the same as have generally been remarked. On its appearance, the cold stage was frequently absent; but this became more and more marked, and, latterly, it was the one from which the patient suffered most severely. In a few instances, the prostration of strength during the ague fit was so great that stimulants required to be liberally administered. The most remarkable feature in the disease was the obstinacy with which it returned, after the patient had suffered from one or two attacks. Affections of the spleen were, as might be supposed, exceedingly common, although, in general, they were only temporary. Still, in not a few instances, the organ became chronically enlarged. Seven of the worst cases of the sort have been sent to Landour for the ensuing hot season.

"As regards treatment, the ordinary method of administering divided doses of quinia, was for some time had recourse to, and with the usual result; the disease was cured, but not until the medicine had been taken for several days. In October, I began to adopt the plan of giving one large dose of quinia, twenty to thirty grains, a few hours before the expected paroxysm, and the results were in the highest degree satisfactory. Latterly, however, I have tried another method, which, in my practice at least, has proved decidedly more successful, viz: instead of giving the large dose of quinia before the febrile paroxysm, I now administer it just after the sweating stage has subsided. Since this treatment was suggested to me, by Dr. Mackinnon, of the 3d Brigade H. A., in November, I have never thought of employing any other, as, out of upwards of fifty cases, in only two has it failed immediately to cut short the attack. I have never seen disagreeable symptoms result from the large doses of quinia; headache and giddiness have certainly occasionally been complained of, but not more frequently than when the small repeated doses were given. The simplicity of the treatment, the saving of trouble to the attendants, and the reduced expenditure of the medicine, are all recommendations in favour of this practice, which, though by no means a new one, has not, I believe, been generally adopted. In the treatment of natives, large doses proved alike economical and successful."

Phillour, like Loodianah, suffered unprecedentedly from this severe fever during the year 1850; admissions during July, August, September, October, and November, of fever cases were 1,751; died, 10. But, during 1851, Assistant Surgeon Frederick Corbyn, M. D., took medical charge. It was to be supposed, from the repeated attacks of almost every man in the regiment this year, that they would be more weakly and predisposed, and that greater mortality would ensue. Dr. Corbyn prescribed twenty-grain doses of quinia, accompanied with a brisk purgative; hence, though during July, August, September, October, and up to the 8th November, there were 1,037 fever cases admitted, not one died; but, beside the sick of the 49th Regiment, there had been a considerable number of fever cases among officers, conductors, and serjeants and their families, as well as among the arsenal establishment, in all of which recovery took place under the same treatment.—*Indian Annals of Med. Sci.* Oct. 1854.

12. *Treatment of Epilepsy.*—Dr. R. B. Todd, in an interesting clinical lecture delivered at King's College Hospital, offered the following valuable practical observations on the treatment of epilepsy. In reference to the drugs which have been generally employed, he observes: "Most of these have been used in consequence of their exhibiting a certain amount of physiological influence on the nervous system. As to others, it is difficult to trace the circumstances which led to their admission among the *juvantia* in this disease. First in the list I would place those drugs which belong to the narcotic class—opium and its various preparations, belladonna, henbane, conium, camphor. These certainly exercise a very powerful influence in calming the excitable state of the nervous system which accompanies epilepsy. They are applicable chiefly to the more acute cases, and especially when epileptic delirium is threatened or present. You should never administer them except when you have full opportunity of watching your patient, or of confiding him to the care of another. This remark, I need hardly add, applies chiefly to belladonna and the preparations of opium.

Belladonna has been greatly extolled by some French writers, far more than it deserves, as far as I can judge from my own experience. It is a remedy which leaves no permanent ill effect, and which I think, is worthy of a more extensive trial in this country than it has yet received. That it exercises a physiological influence on the nervous system, no one can doubt, who has administered it for forty-eight hours; but as it induces a state of pupil very like that which is so common in epilepsy, one might fear that it rather favoured the epileptic state. A good series of clinical observations are yet wanting upon the effects of this drug. The preparation chiefly used in France is the powdered leaves of the plant.